

**Thorncroft Equestrian Center**  
190 Line Road, Malvern, PA 19355  
Office: 610.644.1963 Fax: 610.644.9342 thorncroft.org

**Participant Release**

**My relationship to Thorncroft is as a:**  Rider  Volunteer  Staff  Community Service  Visitor

Volunteers 18 years and older must have proof of a current/clear Pennsylvania Child Abuse History Clearance (this is a State Law) before they can attend Volunteer Training. Those doing service/school or community service hours, are responsible for keeping a copy of their hours when they leave, Thorncroft will not keep track of your hours.

**Participant Name:** \_\_\_\_\_ **Participant Date of Birth:** \_\_\_\_\_

**Riders only, please note the height:** \_\_\_\_\_ **and weight:** \_\_\_\_\_ **lbs.** Thorncroft strives for inclusion of all body sizes. While the weight limit for our mounted program is 200 lbs there are no height/ weight restrictions for participation in unmounted ground lessons.

**If participant is under 18, name of: Parent(s), Guardian, Caregiver** (please circle): \_\_\_\_\_

**If you are married, the name of your spouse:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*If this is a rider release, please note below the name and address of the person(s)/organization responsible for payment of lessons:*

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT**  Parent(s)  Spouse/Partner  Guardian/Caregiver

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**LIABILITY RELEASE** In consideration of accepting \_\_\_\_\_ (participant's name) in the riding program, or any other activity at Thorncroft, I understand that horses are unpredictable by nature and I voluntarily assume the risks and dangers involved. I hereby, intending to be legally bound, for myself, my heirs, executors or administrators, waive and release all claims for damages I may have against Thorncroft Equestrian Center/Thorncroft Therapeutic Horseback Riding, Inc., its Owners, Instructors, Volunteers, Aids and or Employees for any and all injuries and or loses. A non-employee is not covered by Thorncroft's worker's compensation policy. Respecting the ability of the horses, Thorncroft is unable to provide services to riders with a weight of over 200 pounds. Thorncroft is not responsible for any personal items ie: helmets, cell phones, etc.

**Initials:** \_\_\_\_\_

**MEDICAL RELEASE** The above participant hereby (check one) "Consents \_\_\_\_\_", "Does not consent \_\_\_\_\_" to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the person named above or to restore the person to health. I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

**Initials:** \_\_\_\_\_

**INSURANCE:** The above named participant carries accident/medical insurance:  Yes  No

Name of Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

**Initials:** \_\_\_\_\_

**PHOTO/SOCIAL MEDIA RELEASE:** The above named participant hereby "Authorizes \_\_\_\_\_", "Does not authorize \_\_\_\_\_" the use and reproduction by Thorncroft Therapeutic Horseback Riding, Inc. of any and all photographs taken for promotional and or printed materials.

**Initials:** \_\_\_\_\_

**CONFIDENTIALITY POLICY:** All information including but not limited to, personal, medical, and financial documents are confidential among all participants, volunteers, and staff. Confidentiality is considered one of our most basic responsibilities.

**Initials:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature of participant, parent, caregiver, or guardian.)

Rev. 8.10.23